FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

| CECTONA C. III | | | | | <u> </u> | | | | | | | | | | | | |
|---|-----|------|---|--|---------------------------------|---|-------|---|---|---------|---------------------------------|---|-------|--|-------------------|-------|--|
| SECTION 1 - General Inform | | | - | | | | | | | | | | | т | | | |
| Jade Communications LLC PO Box 1138 Alamosa, CO | | | | | | | | | | | | | | Check here if this is a change of address. | | | |
| 2. Year Report Filed 2017 | | | Period C | g Period (End overed by Re ary 31, 2 | | ву | | Reporting | of Full-Time Er Period (chec wer than 16 (d or more (com | k one): | | d∨only) | | | | | |
| SECΠON (I - Full-Time Employee: | | es, | Number of Employees (Report employees in only one category) | | | | | | | | | | | | | | |
| Job | | İ | Race/Ethnicity | | | | | | | | | | | | | | |
| Categories | | | anic or atino | | | - | | ic or Latino | or Latino Ţ | | | | | | | | |
| | |] " | iuno | | | Me | ale | | | | | Columns A - N | | | | | |
| | | Male | Female | White | Błack or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | - A-N | |
| | | A | В | С | D | E | F | G | н | 1 | J | к | L | М | N | 0 | |
| Executive/Senior Level Officials and Managers | 1,1 | | | | | | | | | | | | | | | 0 | |
| First/Mid-Level Officials and Managers | 1.2 | | | | | | | | | | | | | | | 0 | |
| rofessionals | 2 | | | | | | | | | | | | - | | | 0 | |
| Fechnicians | 3 | | | | | | | | | | | | | | | 0 | |
| Sales Workers | 4 | | | | | | | | | | | | | | | 0 | |
| Administrative Support Vorkers | 5 | | | | | | | | | | | | | | | 0 | |
| Craft Workers | 6 | | <u> </u> | | | | | | | | | | | | | 0 | |
| Operatives | 7 | | | | <u></u> | | | | | | | | | _ | | 0 | |
| aborers and Helpers | 8 | | | | | | | | | | | | | | | 0 | |
| iervice Workers | 9 | | | | | | | | | | | | | | | 0 | |
| TOTAL | 10 | 0 | 0 | 0 | Ű | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| PREVIOUS YEAR TOTAL | 11 | | | | | | | | | | | | | | | 0 | |

FCC 395

| SECTION III - Part-Time Emplo | | Number of Employees (Report employees in only one category) | | | | | | | | | | | | | | | | |
|---|-------|---|--|---|--|---|---|---|-----------------------|---------------|---------------------------------|---|----------|---|-------------------|----------|--|--|
| Job | | | | | | | | | Race/Ethnicity | | | | | | | | | |
| Categories | | Hispanic or | | Not-Hispanic or Latino | | | | | | | | | | | | | | |
| | | Latino | | Male | | | | | | | Female | | | | | | | |
| | | Male | Female | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | A - N | | |
| | 1 | А | В | С | D | E | F | G | Н | 1 | J | К | L | М | N | 0 | | |
| Executive/Senior Level Officials and Managers | 1.1 | | | | | | | | | | | | | | | 0 | | |
| First/Mid-Level Officials and Managers | 1.2 | | | | | | | | | | | | | | | 0 | | |
| Professionals | 2 | | | | | | | | | | | | | | | 0 | | |
| Technicians | 3 | | | | | | | | | | | | | | | 0 | | |
| Sales Workers | 4 | | | | | | | | | | | | | | | 0 | | |
| Administrative Support Workers | 5 | | | | | | | | | | | | | | | 0 | | |
| Craft Workers | 6 | | | | | | | | | | | | | | | 0 | | |
| Operatives | 7 | | | | | | | | | | | | | W. | | 0 | | |
| Laborers and Helpers | 8 | | | | | -Unique Herion | | Name of | | | | | | Typing - | | 0 | | |
| Service Workers | 9 | | | | | L.P.—Barris | | TAN THE | 1 | | Take T | STATE OF | | I THE SALE OF | Jor A | 0 | | |
| TOTAL | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| PREVIOUS YEAR TOTAL | 11 | - Marie a | m m | | | | | | ors now | s / Lad x | | | | | | 0 | | |
| SECTION IV - Report of Discri | mina | tion Compl | laints Pursua | nt to 47 CFI | R 22,321, 23.5 | 55, 90.168, 101 | .4, and 101 | .311. | often unug. | | | | | | | | | |
| This is to advise the company before an This is to advise the (Attach a list indica | y boo | dy having co mmission the parties involve | ompetent juris at the followin ved, date filed | diction in suc g complaints , courts or a | ch matters dur alleging viola gencies before | ring the calenda ations of the pro e which the ma | ar year cove ovisions of a tter has bee | red by this rep my equal empl | ort. oyment opport | unity statute | have been file | ed against this | company. | | | | | |
| I certify that to the best of my kn | | wledge, information, and belief, all statements in this report are true and correct. Signature Telephone No. | | | | | | | | | | | | | | | | |
| | 77 | ed or Printed Name of Person Signing lan Wehe | | | | | Signature | | | | | | | (719) 589-5140 | | | | |
| Title of Person Signing General Manager | | Ž. | | | | FALSE STATE ATION LICENS | | | | | | | | | I) AND/OR RE | VOCATION | | |